



## RELEASE OF RECORDS FROM BISHOP LEIBOLD SCHOOL

This form is provided by Bishop Leibold School to release your student's academic and behavioral records.

NAME OF STUDENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, hereby authorize Bishop Leibold School to release the above student's academic and behavioral records to:

NAME OF SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

\_\_\_\_\_

By signing this request for transfer, I relieve the school which the above-named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as identified by PL930380 any amendments thereto).

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_